

COURSE COMPLETION ROSTER & EVALUATION FORM D204

COMPLETE ONE FORM FOR EACH PARTICIPANT

COURSE TITLE:

COMPLETION DATE:

SPECIAL CERTIFICATION NUMBER:

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1. Please discuss the strengths and weaknesses of the above course.
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2. How would you rate the instructor(s)?
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3. Did the course content and method of instruction meet your objectives and enhance your job-related skills? Please explain.
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4. Do you have any general comments?
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ATTENDANCE VERIFICATION: KEEP A COPY OF THIS FORM WITH AGENCY TRAINING RECORDS TO DOCUMENT ATTENDANCE

PARTICIPANT'S NAME:

DEPARTMENT:

PARTICIPANT'S SIGNATURE (Attesting to Attendance and items 1-4)

TOTAL TRAINING HOURS ATTENDED:

DEPARTMENT REPRESENTATIVE NAME (Attesting to Participant's Attendance)

DATE:

DEPARTMENT REPRESENTATIVE'S SIGNATURE:
